

L15 000113346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

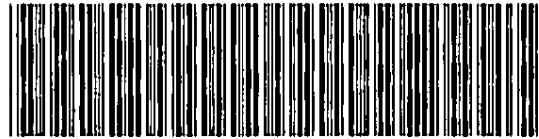
(Document Number)

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FILED  
2022 APR 11 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BALBINA AGUIRRE E HIJAS LLC

**DOCUMENT NUMBER:** LI5000113346

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANCISCO A. CORRALES, ESQ.

(Name of Contact Person)

THE CORRALES LAW FIRM, PLLC

(Firm/Company)

3275 WEST HILLSBORO BOULEVARD, SUITE 104

(Address)

DEERFIELD BEACH, FL 33442

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCISCO CORRALES

(Name of Contact Person)

at ( 954 )

(Area Code)

846-1943

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$60 Filing Fee,  
Certificate of Status & Certified  
Copy (Additional copy  
is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Notice of Limited Liability Company Dissolution**

**FILED**

2022 APR 11 PM 3:21

This notice is submitted by the dissolved limited liability company named below for **SECRETARY OF STATE** payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S. **TALLAHASSEE, FL**

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: BALBINA AGUIRRE E HIJAS LLC

Document number of Limited Liability Company is: L15000113346

Date of dissolution was: 03/19/2022

Description of information that must be included in a written claim:

1. CLAIMANT'S CONTACT INFO: NAME, ADDRESS, TEL AND EMAIL ADDRESS;

2. AMOUNT AND GENERAL DESCRIPTION OF CLAIM;

3. SUPPORTING DOCUMENTATION;

4. DATE OBLIGATION ENTERED INTO; AND

5. ANY PRESENT OR FUTURE CONTINGENCIES TO CLAIM VESTING.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

FRANCISCO A. CORRALES, ESQ.

C/O THE CORRALES LAW FIRM, PLLC

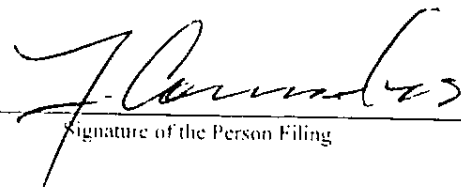
3275 W. HILLSBORO BOULEVARD, SUITE 104

DEERFIELD BEACH, FL 33442

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

FRANCISCO A. CORRALES, ESQ., LEGAL COUNSEL

Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**